## DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 200300686-1

(if applicable).

A a below named inventor, I hereby declare that:

patent is sought on the invention entitled:

Foreign Application(s) and/or Clalm of Foreign Priority

Full Name of Inventor: Viatcheslay V. Osipov

Mountain View, California

( ) was filed on

My residence foost	office addrage	and citizonehin	are as stated	helow next	to my name:

Amplifiers Using Spin Injection And Magnetic Control of Spin Direction

The specification of which is attached hereto unless the following box is checked:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a

and was amended on

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

as US Application No. or PCT International Application

Citizenship: Russian Federation

07.30.R003

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
			YES:	NO:
			YES:	NO:
Provisional Application I hereby claim the benefit under Tobelow:	itle 35, United States Code Se	ction 119(e) of any Unite	d States provisional	application(s) lis
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false statements may jeopardize the validity of the application or any patent issued thereon.

2680 Fayette Drive, Apt. 513, Mountain View, California 94040

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

## ATTORNEY DOCKET NO. 200300686-1

Full Name of #2 joint inventor:	Alexandre M. Bratkovski		Citizenship: Russian Federation		
Residence:	ence: Mountain View, California				
Post Office Address:	127 Laur I Way, Mountain Vie	w, California	a 94040		
INVENTOR'S SIGNATURE	di	7	130/2003		
inventor's Signature		Date /			
Full Name of #3 joint inventor.			Citizenship:		
Residence:					
Post Office Address:					
mventor's Signature		Date			
Full Name of # 4 joint inventor	:		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
Full Name of #5 joint inventor			Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 6 joint inventor	c		Ckizenship:		
Residence:					
Post Office Address:					
inventor's Signature		Date			
Full Name of #7 joint invento	ri		Citizenship:		
Residence:					
Post Office Address:					
inventor's Signature		Date			
Full Name of #8 joint invento	r:		Citizenship:		
Residence:					
Post Office Address:					
inventor's Signature		Date			

Rev 05/03 (DecPwr)

(Use Page Two For Additional Inventor(s) Signature(s))